



Complete Summary

TITLE

Preventive and developmental health care for young children: average percentage of individual care components (assessed in the Promoting Healthy Development Survey [PHDS]) a child received.

SOURCE(S)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics* 2001 May;107(5):1084-94. [PubMed](#)

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. *Pediatrics* 2004 Jun;113(6 Suppl):1973-83. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). Bethell C, Peck Reuland C, Walker C, Brockwood K, Latzke B, Read D. In-office administration of the promoting healthy development survey - reduced-item version. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 79 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Promoting healthy development survey - PLUS (PHDS-PLUS). Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; various p.

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Patient Experience

Brief Abstract

DESCRIPTION

This measure is used to assess the average percentage of individual care component measures in the Promoting Healthy Development Survey (PHDS) that a child received.

Note: A composite score is calculated in which a higher score indicates better quality.

RATIONALE

The Promoting Healthy Development Survey (PHDS) measures various aspects of health care that are recommended by the American Academy of Pediatrics and the Maternal Child Health Bureau. This measure provides information about how many, on average, of the care components each child receives. Therefore, it provides information about the degree to which children are receiving all aspects of recommended care.

This measure reflects the interests of parents, the comprehensive care which is recommended, and is sensitive to assessing improvements. Significant opportunities for improvement exist in ensuring that young children and families receive recommended preventive and developmental health care services. A growing body of literature supports the delivery of parental anticipatory guidance, assessment follow-up on the development of children, and assessment of the psychosocial well-being of families. Few quality measures have been available that provide specific information about preventive health care for young children, especially on aspects of care for which parents and families are a reliable source of information about the quality of their child's health care. The PHDS provides direct feedback from parents about the delivery and quality of preventive services for their children.

The PHDS was developed for the purpose of assisting providers, consumers, purchasers, and policymakers in assessing the degree to which health plans and practitioners provide developmental services as recommended in guidelines set forth by the American Academy of Pediatrics and the Maternal and Child Health Bureau's Bright Futures initiative.

PRIMARY CLINICAL COMPONENT

Preventive and developmental health care for young children

DENOMINATOR DESCRIPTION

Children age 3 months to 48 months who received a well-child visit in the last 12 months and have scores to each of the core Promoting Healthy Development Survey (PHDS) quality measures assessing specific care components

NUMERATOR DESCRIPTION

The number of individual care components that a child received (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Bethell C, Peck C, Abrams M, Halfon N, Sareen H, Scott Collins K. Partnering with parents to promote the healthy development of young children enrolled in Medicaid: results from a survey assessing the quality of preventive and developmental services for young children enrolled in Medicaid in three states. New York (NY): Commonwealth Fund; 2002 Sep. 53 p.

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics* 2001 May;107(5):1084-94. [PubMed](#)

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. *Pediatrics* 2004 Jun;113(6 Suppl):1973-83. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement
External oversight/Medicaid
Internal quality improvement
National reporting
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Children age 3 months to 48 months

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Children age 3 months to 48 months who received a well-child visit in the last 12 months

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Children age 3 months to 48 months who received a well-child visit in the last 12 months and have scores to each of the core Promoting Healthy Development Survey (PHDS) quality measures assessing specific care components

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of individual care components that a child received

From the responses, a composite measure score is calculated* in which a higher score is associated with better quality.

***Note:** Scoring process:

1. For each individual care component in the Promoting Healthy Development Survey (PHDS) (12 quality measures specific to specific care components are eligible to be included [e.g., Anticipatory Guidance and Parental Education, Asking about and Addressing Parental Concerns], most users only include the process of care measures and not the experience of care measures), binomial variables are created that indicate whether the child received a sufficient level of quality care for the specific aspect of care.
2. The mean is then calculated across these binomial variables.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Patient survey

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by high-risk subgroup (stratification on vulnerable populations)

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Although no stratification is required, the Promoting Healthy Development Survey (PHDS) includes a number of variables that allow for stratification of the findings by possible vulnerability:

- Child demographic characteristics (e.g., the child's age, race)
- Child health and descriptive characteristics (e.g., children at high risk for developmental, behavioral or social delays, special health care needs)
- Parent health characteristics (e.g., children whose parents are experiencing symptoms of depression)

STANDARD OF COMPARISON

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

2000: A Majority of the PHDS Included in the National Survey of Early Childhood Health (NSECH)

- Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the article, "Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance."

2001-2003: Development and Implementation of the Provider-Level PHDS. October 2001-March 2003

- Focus groups and cognitive interviews with 35 health care providers in Vermont and Washington and 20 parents of young children in Vermont to inform item-reduction, administration specifications, and reporting templates.
- Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI reports, "Overview of the Round 1

Implementation of the PHDS in Mousetrap" and "University Pediatrics: Round 2 -- In-Office Implementation of the PHDS Key Findings."

2002-2004: Implementation by Telephone in Four Medicaid Agencies

- Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI report, "Hearing the Voices of Parents: Results from a Survey Assessing the Quality of Preventive and Developmental Services for Young Children Enrolled in Medicaid in Four States."

December 2003 - March 2004 Implementation of the PHDS in Kaiser Permanente, System, Office and Provider-Level Analysis Conducted

- Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality."

Fall 2003 - August 2004 Implementation of the ProPHDS in the Healthy Development Collaborative

- ProPHDS administered by mail and in-offices. Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "Assisting primary care practices in using office systems to promote early childhood development."

January - March 2006 Implementation of Three Boston-area Community Health Centers

- Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "Associations of Language and Cultural Competence with Latino Parents' Views of Their Children's Well Child Care."

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Bethell C, Peck C. Medicaid parents experience with the health care system: summary of findings from a survey of parents of young children enrolled in Medicaid in three ABCD states. New York (NY): Commonwealth Fund; 2001.

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics 2004 Jun;113(6 Suppl):1973-83. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). Overview of the round 1 implementation of the PHDS in mousetrap and university pediatrics.

Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 27 p.

Child and Adolescent Health Measurement Initiative (CAHMI). What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2006. 38 p. [60 references]

Reuland C, Bethell C. Hearing the voices of parents: measuring and improving preventive and developmental services provided to young children. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2004 Jun. 97 p.

Identifying Information

ORIGINAL TITLE

Composite measure of preventive and developmental health care for young children: average percentage of care components received.

MEASURE COLLECTION

[Promoting Healthy Development Survey \(PHDS\)](#)

MEASURE SET NAME

[Preventive and Developmental Health Care for Young Children](#)

COMPOSITE MEASURE NAME

[Average Percentage of Care Components Received](#)

DEVELOPER

Child and Adolescent Health Measurement Initiative

FUNDING SOURCE(S)

The Commonwealth Fund

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Christina Bethell, PhD, MBA, MPH; Colleen Reuland, MS; Brooke Latzke, BS

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Jan

REVISION DATE

2006 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics* 2001 May;107(5):1084-94. [PubMed](#)

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. *Pediatrics* 2004 Jun;113(6 Suppl):1973-83. [PubMed](#)

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Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

MEASURE AVAILABILITY

The individual measure, "Composite Measure of Preventive and Developmental Health Care for Young Children: Average Percentage of Care Components Received," is published in "Promoting Healthy Development Survey (mail version)," "In-office Administration of the Promoting Healthy Development Survey - Reduced-item Version (Office version)," and "Promoting Healthy Development Survey - PLUS (PHDS-PLUS) (telephone version)." This survey is available from the [Child and Adolescent Health Measurement Initiative \(CAHMI\) Web site](#).

For further information, please contact the Child and Adolescent Health Measurement Initiative (CAHMI) at: 707 SW Gaines Street, Portland, OR 97239-3098; Phone: 503-494-1930; Fax: 503-494-2473; Web site: www.cahmi.org.

COMPANION DOCUMENTS

The following are available:

- Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 179 p. This document is available in Portable Document Format (PDF) from the [Child and Adolescent Health Measurement Initiative \(CAHMI\) Web site](http://www.cahmi.org).
- Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey - PLUS: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 320 p. This document is available in PDF from [CAHMI Web site](http://www.cahmi.org).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on November 28, 2007. The information was verified by the measure developer on January 3, 2008.

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